

EXHIBIT B

(CLAIM FORM)

CLAIM FORM

IN THE UNITED STATES DISTRICT COURT OF CALIFORNIA
NORTHERN DISTRICT OF CALIFORNIA

Saidel v. CBS Radio, Inc., U.S.D.C., Case No. CV 07-02948-SC

INSTRUCTIONS

TO RECEIVE A SHARE OF THIS CLASS ACTION SETTLEMENT,
THIS FORM MUST BE SIGNED AND POSTMARKED OR FAXED NOT LATER THAN
[REDACTED], 2008.

MAIL TO:

CBS RADIO ACCOUNT EXECUTIVE CLASS ACTION CLAIMS
ADMINISTRATOR
Simpluris, Inc.
Class Action Settlement
Administration Services
3476 Pullman Street, Suite 123
Costa Mesa, CA 92626

OR FAX TO: () [REDACTED]

Important:

1. You must complete the information requested on page [REDACTED], sign and fax or postmark this Claim Form on or before [REDACTED], 2008 in order to be eligible for a monetary recovery. It is strongly recommended that you keep proof of timely mailing and/or faxing for your records until receipt of your settlement payment.
2. If you change your mailing address, please send your new mailing address to the Claims Administrator. It is your responsibility to keep a current address on file with the Claims Administrator to ensure receipt of your settlement payment.

If you wish to challenge the employment reimbursement data below, you must fax or postmark your "challenge" and all supporting information and/or documentation to the Claims Administrator by [REDACTED], 2008.

CLAIM FORM

Name/Address Changes, if any:

<<Claim Number>>

<<Name>>

<<Address>>

<<City>>, <<State>> <<Zip Code>>

(_____) _____ - _____
Home Telephone Number

Your Compensable Workweeks

CBS Radio's records show that during the dates set forth below, you held the position of Account Executive in California:

<<DATES>>

You were on a leave of absence from _____ to _____.

Your total number of Compensable Workweeks are: <<NUMBER OF WORKWEEKS>>

Your Actual Reimbursements

CBS Radio's records show that it paid you \$ <<EXPENSES IN CBS RADIO RECORDS>> as reimbursement for business expenses from January 1, 2004 through June 30, 2008.

Your Estimated Payment

The final payment that you will receive, if you submit a timely and valid claim, will be based upon the compensable workweeks above, with an adjustment based upon a discounted value of the actual expenses paid. The discounted rate for the paid expenses is thirty-five percent (35%), meaning just over one-third of your actual reimbursements will be offset against your final payment under a formula agreed upon by the parties and approved by the court. Should this adjustment result in a payment of less than \$100, you will be eligible to receive a payment of \$100.

Based upon the estimated share for each compensable workweek and the offset for the expenses already reimbursed by CBS Radio, your settlement share is currently estimated at \$ [REDACTED], assuming that all Settlement Class Members identified to date file claims. This amount is subject to change, either up or down, depending upon the number of Settlement Class Members who submit timely and valid claims, challenges to estimated amounts from you and/or other Settlement Class Members, the outcome of those challenges, and other factors.

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CHALLENGE

Check a box below ONLY if you wish to challenge the dates or reimbursement amounts listed above:

☐ I wish to challenge the employment dates listed above. I have included with my signed Claim Form a written statement including what I believe to be my correct dates of employment as an Account Executive with CBS Radio in California from May 3, 2003 through June 30, 2008. I have also included information and/or documentary evidence that supports my challenge. I understand that, by submitting this challenge, I hereby authorize the Claims Administrator to review CBS Radio's records and make a determination as to the validity of my challenge based upon CBS Radio's records as well as the records and information that I submit to the Claims Administrator.

☐ I wish to challenge the amount of Actual Reimbursements listed above. I have included with my signed Claim Form a written statement including what I believe to be my correct Actual Reimbursements for business expenses paid to me by CBS Radio from January 1, 2004 through June 30, 2008. I have also included information and/or documentary evidence that supports my challenge. I understand that, by submitting this challenge, I hereby authorize the Claims Administrator to review CBS Radio's records and make a determination as to the validity of my challenge based upon CBS Radio's records as well as the records and information that I submit to the Claims Administrator.

RELEASE AND SIGNATURE

Under penalty of perjury, my signature below certifies that I have read the Notice of Class Action Settlement in the lawsuit entitled *Terry Saidel and Camille Jackson, on behalf of themselves and all others similarly- situated v. CBS Radio, Inc., a Delaware corporation, and Does 1 through 500 Inclusive*, U.S.D.C., N.D. Cal., Case No. CV 07-02948-SC, and understand that I hereby and forever release and discharge the "Released Parties" from the "Released Claims" as specified in Section II.G of the Notice of Class Action Settlement.

I further certify under penalty of perjury that I incurred reasonable and necessary business expenses while working for CBS Radio as an Account Executive for which I have not been reimbursed.

Dated: ____/____/____

Signature: _____

YOU MUST COMPLETE THIS CLAIM FORM AND TIMELY RETURN IT TO THE CLAIMS ADMINISTRATOR ON OR BEFORE [REDACTED], 2008.